2803982347

FEC FORM 9

RECEIVED FEC MAIL CENTER

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR 2: 49 ELECTIONEERING COMMUNICATIONS

1.	Person Making the Disbursements/Obligati	ions					
	(a) Name AMERICAN RIGHTS A	T WORK					
	(b) Address (number and street) check if different than previously reported 1100 17 th Street, NW Suite 950 (c) City, State and ZIP Code			2	2. FEC Identification Number		
				c			
	Washington, DC 20036 (d) Name of Employer or Principal Place of Business (e) Occupation						
	, , , , , , , , , , , , , , , , , , ,						
i						=	
	✓ New		0	9 '	01 2008		
3.	Is This Statement or	4. Covering Period			through		
	Amended		Ŏ	9 '	08 2008		
5.	(a) Date of Public Distribution(s) 0 9 ' 0 7	' Ž Ŏ Ŏ Š (b) Commu	unicatio	n Title	"See Saw - NH "	_	
6.	The filer is a(n): (a) Individual (b) Uninc	•			•	0)	
	(d) Corporation, Labor Organization or Qual	ified Nonprofit Corporation makir	ng com	munic	cations under 11 CFR 114.15		
	(e) Other, specify:						
7.	If the filer is an individual, unincorporated were the disbursements made exclusively					1	
8.	(a) Name Kimberly Taylor	Finance Offi	cer	1			
	(a) Name Kimberly Taylor (b) Address (number and street) 1100 17 th Street,	NW , Suite	950				
	(c) City, State and ZIP Code Washington DC	20036					
	(d) Name of Employer or Principal Place of Business	(e)) Occupa	ition		_	
9.	Total Donations This Statement		,		0.00		
10.	. Total Disbursements/Obligations This Sta	tement	,1	5 9	,2 2 5.0 0	-	
	Under penalty of perjury, I certify that this statemen	t is true, correct and complete.				_	
	TYPE OR PRINT NAME OF PERSON COMPLETING	BRM KIMBERLY	A.	FR	EEMAN		
	SIGNATURE Jumbuly te	emm D	ATE	01	9 - 02 - 2008		
	NOTE Submission of talse, errorlegas or incomplete in	nformation may subject the person signing	this state	ment to	o the penalties of 2 U.S.C. §437g.		